



## HURLEY NURSERY SCHOOL APPLICATION

Child's Full Name \_\_\_\_\_ School Year: \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Sibling(s) previously attended:

Sibling's Name(s) \_\_\_\_\_ Year(s) Attended \_\_\_\_\_  
\_\_\_\_\_ Year(s) Attended \_\_\_\_\_

How did you hear of the Hurley Nursery School? \_\_\_\_\_

Are you interested in a position on the Governing Board? Yes/No Name \_\_\_\_\_

### PLEASE CHECK SESSION DESIRED:

\_\_\_\_ **3-Year-Old Program** **\$1600/year**  
**3-day session (Child must be 3 years old by December 1<sup>st</sup>)**  
**(Mondays, Wednesdays, and Fridays from 9:00am- 11:30am)**

\_\_\_\_ **4-Year-Old Program (Child must be 4 years old by December 1<sup>st</sup>)**

\_\_\_\_ **SELF-PAY 5 DAYS** **\$2500/year**  
**(Mondays through Fridays 12:30pm- 3pm)**

\_\_\_\_ **UNIVERSAL PRE-K** **n/a**  
**(Mondays through Fridays 12:30pm- 3pm)**  
\*No application fee is required for Universal Pre-K

\_\_\_\_ *If my preferred class is not available, please put my child on a waiting list for the specified class*

Note: HNS supports New York State law prohibiting teachers from administering medications for any reason.

I hereby express my desire to have my child enrolled in the Hurley Nursery School by payment of a \$25 **non-refundable** application fee. Please return signed application and check made payable to Hurley Nursery School.

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**Signature of Parent or Guardian**

**Date**